**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**NICE indicator validity assessment**

# Assurance date: August 2023

Review date: August 2026

# Indicator IAP00426

# Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under

# Validity assessment

|  |  |  |
| --- | --- | --- |
| **Domain** | **Notes**  | **Assessment** |
| Importance | Indicator is part of the NHS outcomes framework domain 3 – Helping people to recover from episodes of ill health or following injury.Nationally values have seen a slight but steady reduction over time between 2014/15 and 2018/19. A further fall occurred in 2019/20 and an even greater fall can be seen in the 2020/21 data, though note that this will cover the COVID-19 period and should be interpreted with caution. The latest data was published in March 2022 due to an ongoing review of the NHS Outcomes Framework. Variation exists by age, gender, deprivation and geography. | National value improving over time. Variation exists across geography, demographics and inequalities. |
| Evidence base | From [indicator quality statement](https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-3---helping-people-to-recover-from-episodes-of-ill-health-or-following-injury-nof/3.7.ii-tooth-extractions-due-to-decay-for-children-admitted-as-inpatients-to-hospital-aged-10-years-and-under): “Indicator 3.7ii is an improvement area in domain 3 of the framework, which focuses on helping people recover from episodes of ill health or injury. This indicator measures the rate of the number of finished consultant episodes (FCEs) where a tooth extraction was performed on a child aged 10 years or under at the start of the episode of care, due to tooth decay, per 100,000 resident population.An outcome of a secondary care extraction can be an indication that a patient has not received or access the right primary care dental service. It is not legal for a dentist to extract a child’s tooth in a primary care setting, as it requires a general anaesthetic. This has to be done in an acute environment with access to a paediatric intensive care unit. Likewise, independent sector or private dental practices cannot extract a child’s tooth under general anaesthetic; this has to be done in an acute setting, either an NHS hospital as a private patient, or private hospital.This indicator captures those who have most likely been missed in primary care dentistry as the tooth decay is severe enough that they need hospital treatment, therefore it is likely that they have not regularly attended the dentist. The treatment occurring in secondary care implies the children are having their teeth extracted under general anaesthetic and means that decay in the tooth has reached extreme levels.”The [NHS Long Term Plan](https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/) states that the Starting Well Core initiative is supporting 24,000 dentists across England to see more children from a young age to form good oral health habits. | Evidence base exists. This indicator aligns with NICE guidance:* PH55 - Oral health: local authorities and partners, Published: 22 October 2014, <https://www.nice.org.uk/guidance/ph55>
* QS139 - Oral health promotion in the community, Published: 15 December 2016, <https://www.nice.org.uk/guidance/qs139>
* NG30 – Oral health promotion: general dental practice, Published 15 December 2015, <https://www.nice.org.uk/guidance/ng30>
 |
| Specification  | Numerator: The number of finished consultant episodes for extraction of tooth where the primary diagnosis is dental caries (ICD-10 codes K021, K025, K028, K029, K040, K045, K046 or K047) and the patient is aged 10 years or under.Denominator: ONS mid-year population estimates (based on the 2011 Census).Exclusions: Only respondents over the age of 18 are reported to maintain consistency with previous years.Methodology: Crude rate per 100,000.Geography: England, Lower and Upper tier local authority, Region. Further splits by Age, Gender and Deprivation.Data Source: * Numerator: Hospital Episode Statistics (HES) Admitted Patient Care (APC)
* Denominator: Mid-year population estimates published by the Office for National Statistics (ONS)

Disclosure control: Current HES disclosure rules – numerators between 1 and 7 are suppressed and values calculated from these are also suppressed. Numerator values are rounded to the nearest 5 after calculation of rates. | The indicator has defined components necessary to construct the indicator. |
| Feasibility  | All data from long running data sources. | Data has been flowing for some time and data sources will continue. |
| Acceptability | Data shows improvement in national data over the period and variation exists across breakdowns to allow for targeted intervention. | The indicator assesses performance that is attributable to or within the control of the audience. The results of the indicator can be used to improve practice. |
| Risk | The NHS Outcomes Framework is currently paused. When the next iteration is published it is possible that this indicator may become a signpost to the Office for Health Improvement and Disparities (OHID) publication on Hospital-based tooth extractions in 0 to 19 year olds (<https://www.gov.uk/government/collections/hospital-based-tooth-extractions-in-0-to-19-year-olds>) which uses the same methodology but publishes at different age bands (0-5, 6-10, 11-14, 15-19). 0-5 and 6-10 can be combined to equate to this indicator, however they would be based on rounded counts below England level. The NHS Outcomes Framework indicator methodology changed slightly in 2019 to add additional ICD-10 codes to bring the indicator in line with the OHID method, however previous years were recalculated to retain the full trend. This is detailed fully in the indicator Quality Statement.An indicator with the same methodology is published on the OHID Wider impacts of COVID-19 on health (WICH) modelling tool (<https://www.gov.uk/government/statistics/wider-impacts-of-covid-19-on-health-monitoring-tool>), displaying additional inequality breakdowns. Indicators on children with dental decay are available from periodic survey-based collections published by OHID (<https://fingertips.phe.org.uk/profile/child-health-profiles/supporting-information/oral-health>). | Potential impact of changes to NHS Outcomes Framework which may mean data may not be available from this source, however underlying data will continue to be published in a similar format by OHID. |

**Summary:** Indicator to be renewed.

**NHS England Indicator reference:**

NHS Outcomes Framework – 3.7ii Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under